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# **Sequatchie County**

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## **Community Diagnosis Volume I: Health Status Report**

**Sequatchie County Health Council**

**and**

**Tennessee Department of Health  
Southeast Tennessee Regional Office  
Assessment and Planning  
(423)-634-3124**

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# SEQUATCHIE COUNTY HEALTH COUNCIL

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Bill Edwards  
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Marie Grant  
Paulette Hamilton  
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Sequatchie County Schools  
Southeast Community Services Agency  
Sequatchie County Health Department  
Southeast TN Human Resource Agency  
North Valley Medical Plaza  
Optometrist-Sequatchie Valley Eye Care  
Sequatchie County Health Department  
General Practitioner  
WSDQ Radio  
  
Facilitator-Tennessee Department of Health

## INTRODUCTION

This document is the result of a county-wide health needs assessment, known as the Community Diagnosis Process, conducted by the Sequatchie County Health Council (SCHC) and facilitated by the Tennessee Department of Health Assessment and Planning Program. Begun in 1998, the Community Diagnosis Process has enabled SCHC members to:

- Analyze the health status of the community
- Evaluate health resources, services and systems of care within the community
- Assess attitudes toward community health services and issues
- Identify priorities
- Establish a baseline for measuring improvement over time

Meeting monthly, the SCHC has given careful consideration to county-specific primary data and secondary data. The collection of primary data consisted of a Community Assessment survey, a Behavioral Risk Factor Survey, and observational information from SCHC members. The Community Assessment Survey (see yellow pages) is an opinion-based, non-scientific survey asking key members of the community how they feel about certain local health services. The Behavioral Risk Factor Survey (see green pages) is a scientific survey that asks respondents about their lifestyles, in an attempt to identify any activities that may be a risk to their health. It is a random sample of approximately 200 Sequatchie County residents and is to be representative of the entire county. SCHC members supplemented the two survey instruments with their own observations of situations, events, interactions, observed behaviors, prevailing community attitudes, and practices.

To compliment the primary data, the SCHC analyzed a wealth of secondary data (see blue pages). The county-specific data includes birth, morbidity and mortality statistics and basic demographic information. Most of the data was presented showing multiple year rates, dating back to 1985, so that the council was able to look for trends in the data. The SCHC was able to compare county-specific statistics with regional and state rates and “Year 2000 Objectives” to determine whether Sequatchie County is following or deviating from the trend of the surrounding counties or the trend of the state as a whole and whether the county is progressing toward national objectives.

After several data dissemination sessions, the SCHC prioritized the health issues highlighted in the assessment. A formula, scoring the size of the problem, seriousness of the problem, and effectiveness of available interventions, was applied to each health issue. Cognizant of the assessment results, each member applied his or her own score to the problem and a sum total of all council members’ scores determined the order of priority. The council then decided how many of the priority health issues they felt they could effectively address in full consideration of the following:

- Does it make economic sense to address the problem?

- Are there economic consequences if an intervention is not carried out?
- Will the community embrace an intervention for the problem? Is it wanted?
- Is funding currently available or potentially available for an intervention?
- Do current laws allow intervention activities to be implemented?

This Community Diagnosis Health Status Report provides a description of the assessment portion of the Community Diagnosis Process. The planning portion, to be chronicled in Volume II, will entail the formalizing of strategic interventions to deal with the highest priority health issues. Soliciting input from additional experts in the community, the SCHC will develop intervention strategies and both public and private resources will be identified to implement the interventions. The SCHC will monitor and evaluate each intervention, and will publish results in Volume III.

To this point, the benefits of the Community Diagnosis Process have included:

- Direct participation of county residents in initiating change in the health services and delivery system
- Armed with appropriate data and analysis, the SCHC has been made aware of the county's current health status and, as a result, has become poised to design, implement, and monitor interventions to improve problematic areas
- Provides justification for budget improvement requests
- Provides to state-level programs and their regional office personnel information regarding the prevention and intervention strategies in Sequatchie County
- Serves health planning and advocacy needs in Sequatchie County; Sequatchie County leaders and the Sequatchie County Health Department will ensure that documented community health issues are addressed

What follows is documentation of the assessment portion of the Sequatchie County Community Diagnosis Process, including a description of all data considered, with emphasis on priority health issues identified by the council.

## I. HISTORY

The Sequatchie County Health Council was established in 1994 to address the health needs of Sequatchie County residents and oversee the health status of Sequatchie County. The council is made up of local health care professionals, elected officials, social service workers and other local citizens. Since 1994, the council has orchestrated various activities to address health needs including forums for TennCare issues, free health screenings, free dental and eye clinics and other special projects for the population of Sequatchie County. Begun in March of 1998, the Community Diagnosis Process has offered the council a systematic approach to identifying health issues in a manner that is sensible, effective, and assures long-term improvement.

## II. MISSION STATEMENT

The mission of the Sequatchie County Health Council is to assure that quality health care is accessible, available, and affordable to fellow residents.

## III. SELECTED DEMOGRAPHIC DATA

**Total Number of Households: 3,284**

	Sequatchie County	Southeast Region	State
Percent of households that are family households	77.7	77.1	72.7
Percent of households that are headed by a female with non husband present	10.7	10.3	12.6
Percent of households that are families headed by a female with no husband present and with children under 18 years	5.7	5.3	6.9
Percent of households with the householder 65 and up	22	22.7	21.8

### EDUCATION

	Sequatchie County	Southeast Region	State
Number of persons age 25 and older	5,660	163,220	3,139,066
Percent of persons 25 and up that are high school graduates or higher	51.4	58.0	67.1
Percent of persons 25 and up with a bachelor's degree or higher	7.6	9.7	16.0

## EMPLOYMENT

	Sequatchie County	Southeast Region	State
Number of persons 16 and older	6,832	198,393	3,799,725
Percent in work force	61.8	61.5	64.0
Number of persons 16 and older in civilian work force	4,199	121,844	2,405,077
Percent unemployed	5.8	6.9	6.4
Number of females 16 years and older with own children under 6	492	14,022	287,675
Percent in labor force	60.6	59.6	62.9

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## POVERTY STATUS

	Sequatchie County	Southeast Region	State
Per capita income in 1989	\$9,377	\$10,235	\$12,255
Percent of persons below the 1989 poverty level	22.9	17.05897	15.7
Families with children under 18 years, percent with income in 1989 below poverty level	27.7	21.7	20.7
Percent of persons age 65 years and older with income in 1989 below the poverty level	28.8	23.5	20.9

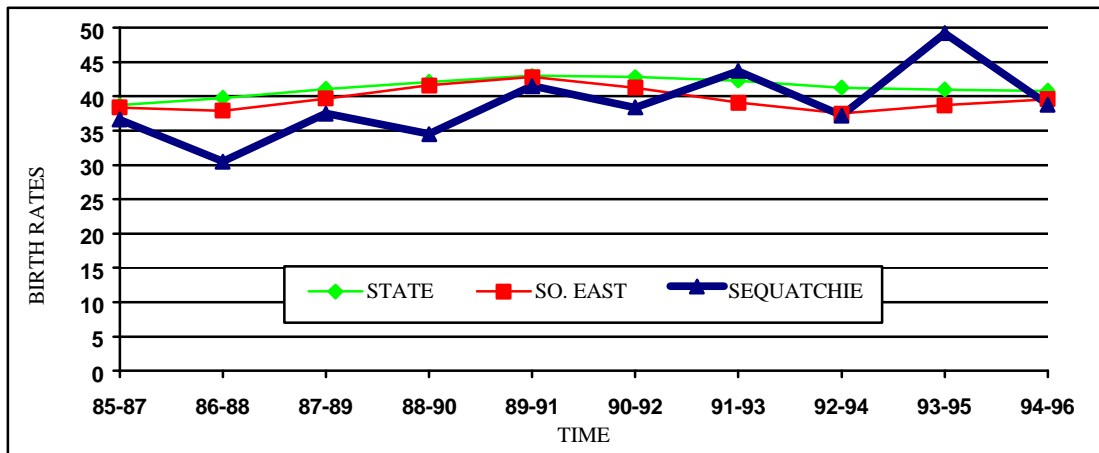
Sources: U.S. Department of Commerce, Bureau of the Census, 1990 Census of Population General Population Characteristics, Tennessee, and 1990 Census of Population and Housing, Summary Social Economic, and Housing Characteristics Tennessee.

## IV. SECONDARY DATA

Secondary data (information already collected by other sources for other purposes) is assembled each year by the State Office of Health Statistics and Information for Sequatchie County. This data includes county-specific birth statistics, morbidity or disease statistics and mortality or death statistics. The data covers a twelve-year trend and is provided in three-year averages to smooth the trend lines and eliminate wide fluctuations in year-to-year rates that may distort the true trends. Sequatchie County's data is compared to the corresponding state and Southeast Region (Bradley, Polk, McMinn, Meigs, Rhea, Bledsoe, Franklin, Grundy, Sequatchie, and Marion Counties) rates, national "Year 2000 Objectives," and includes rates for white, non-white, and all races combined. The secondary data used in the Community Diagnosis Process is described below, with *graphs and tables used to highlight issues recognized as potential problems* by the Sequatchie County Health Council.

### *Sequatchie County Pregnancy And Birth Experience*

- **Number of Births Per 1,000 Females Ages 10-44**  
- The Sequatchie County trend has increased throughout the twelve year time frame. Throughout the 1990's, the trend has been nearly equal to the Southeast Region, and the State. Women of child-bearing age in Sequatchie County give birth to approximately 125 babies each year (52 per 1,000 females ages 10-44).
- **Number of Births Per 1,000 Females Ages 10-14**  
- The Sequatchie County trend has been unstable throughout the twelve year time frame, but began to decrease in the mid 1990's. Traditionally, the trend is lower than the Southeast Region and the State. On average one girl age 10-14 gives birth annually in Sequatchie County.
- **Number of Births Per 1,000 Females Ages 15-17** - The Sequatchie County trend has increased throughout the twelve year time frame and is currently equal to the Southeast Region and the State. On average approximately 8 girls age 15-17 give birth annually in Sequatchie County, a rate of 40 per 1,000 girls.



	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96
STATE	38.7	39.8	41.1	42.1	43.0	42.8	42.3	41.3	41.0	40.8
SE REGION	38.4	37.9	39.7	41.6	42.8	41.3	39.1	37.5	38.7	39.6
SEQUATCHIE	36.6	30.5	37.5	34.5	41.5	38.4	43.7	37.2	49.2	38.8



- **Percentage of Births to Unwed Mothers Ages 10-44** - While the Sequatchie County trend has increased, so has that of the Southeast Region and the State. Traditionally, the trend is lower than the State and equal to the Southeast Region. Annually, 27% of Sequatchie County births occur to unwed mothers.

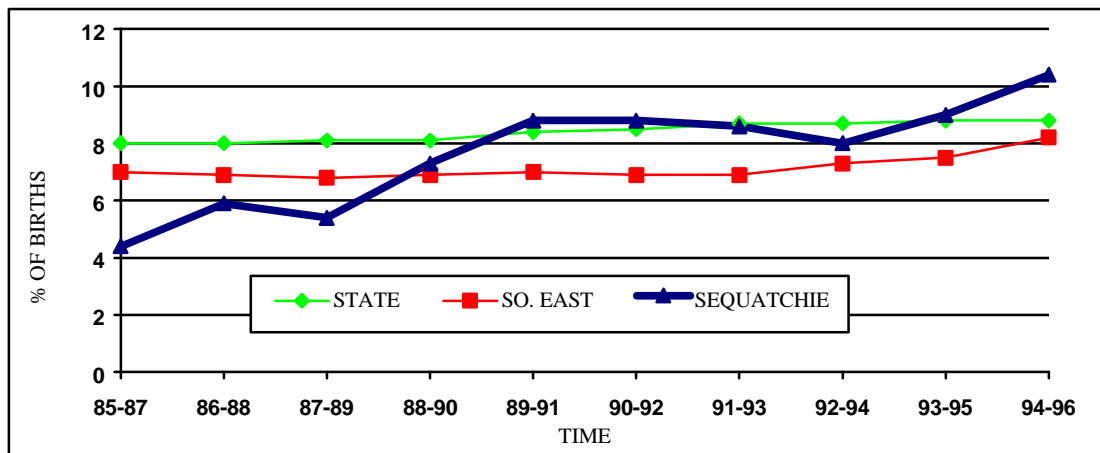
- **Number of Pregnancies Per 1,000- Females Ages 10-44** - The Sequatchie County trend has remained stable. Traditionally, the trend is lower than the State and equal to the Southeast Region. Annually, approximately 5.7% (57 per 1,000) of Sequatchie County female residents 10-44 become pregnant.

- **Percentage of Pregnancies to Unwed Mothers Ages 10-44** - The Sequatchie County trend has slightly increased during the twelve year time

- **Percentage of Births Considered Low Birthweight (All Mothers Age 10-44)**- The trend has increased markedly over the twelve year time frame and is currently higher than the State and the region. Annually, approximately 10.4% of all Sequatchie County births are deemed low birthweight (over twice the national “Year 2000 Objective” of 5%).

frame, but remains lower than the State and the Southeast Region. Approximately 32% of all Sequatchie County pregnancies occur to unwed mothers.

- **Percent of Live Births with Late or No Prenatal Care, Females Age 10-44** - The Sequatchie County trend has decreased throughout the twelve year time frame. In the early 90’s the trend dipped below the State and the Southeast Region, but has recently crept above the State. Approximately 20% of all Sequatchie County births have had late or no prenatal care, a figure higher than the Year 2,000 National Objective of 10%.



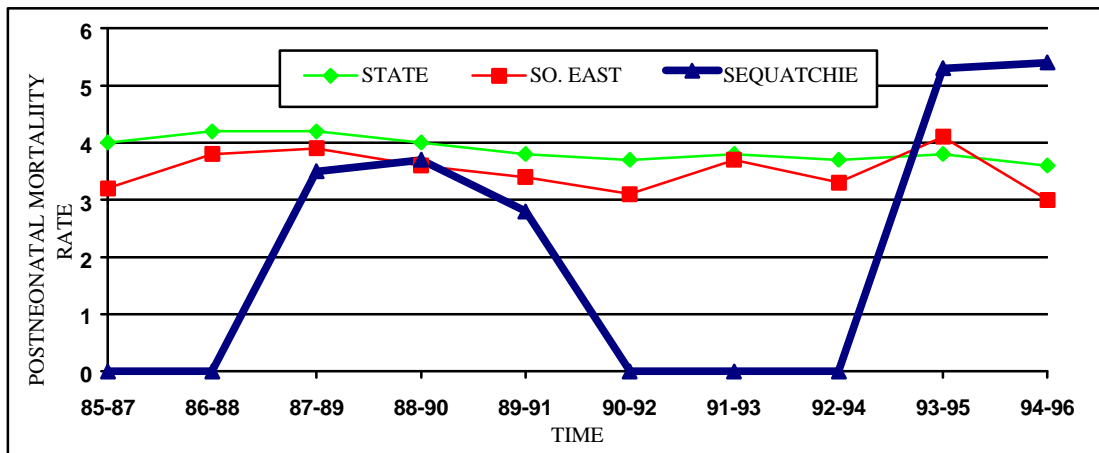
	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96
STATE	8.0	8.0	8.1	8.1	8.4	8.5	8.7	8.7	8.8	8.8
SE REGION	7.0	6.9	6.8	6.9	7.0	6.9	6.9	7.3	7.5	8.2
SEQUATCHIE	4.4	5.9	5.4	7.3	8.8	8.8	8.6	8.0	9.0	10.4

- **Percent of Mothers with one or More Selected Risk Factors, Females Age 10-44** (Risk factors include: mother with less than a high school education, four or more previous live births, previous termination, previous live birth now dead, and/or previous live birth within the last 24 months) - The trend has steadily decreased during

the 90’s and is currently below the State and the region.

## **Sequatchie County Mortality Experience**

- Number of Infant Deaths (Death of a live born infant less than 1 year of age) Per 1,000 Live Births** - Sequatchie County's rate, while unstable due to small numbers, has increased during the twelve-year trend. The trend is currently lower than the State and equal to the Southeast Region. Annually, county residents give birth to about 125 babies each year of which an average of 1 will not live through its first year (8.0 per 1,000). The national "Year 2000 Objective" is 7.0 per 1,000 live births.
- Number of Neonatal Deaths (Death of a live born infant under 28 days of age) Per 1,000 Live Births** - The trend is moderately unstable due to small numbers. Sequatchie County's rate of neonatal deaths has increased over the last several years but remains significantly lower than the Southeast Region, the State and the Year 2,000 National Objectives.
- Number of Postneonatal Deaths (Death of a live born infant over 28 days of age, but under 1 year) Per 1,000 Live Births** - While the trend is moderately unstable due to small numbers, Sequatchie County's rate of postneonatal deaths has shown a marked increase and is significantly higher than the State, the region and Year 2,000 National Objectives. The data shows that most infant deaths occurring in Sequatchie County do, in fact, occur after the first 28 days of life.



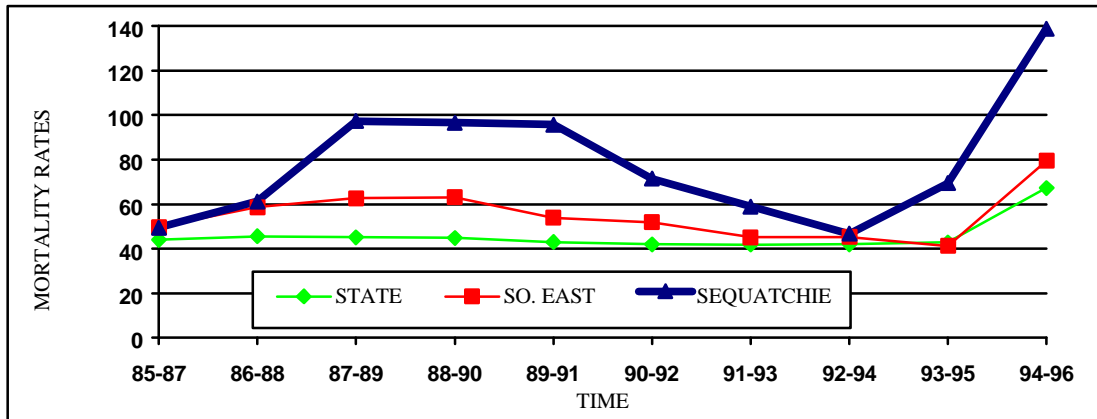
	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96
STATE	4.0	4.2	4.2	4.0	3.8	3.7	3.8	3.7	3.8	3.6
SE REGION	3.2	3.8	3.9	3.6	3.4	3.1	3.7	3.3	4.1	3.0
SEQUATCHIE	0.0	0.0	3.5	3.7	2.8	0.0	0.0	0.0	5.3	5.4

- Leading Cause of Death for 1-4 Year Olds With Mortality Rates per 100,000 Population** - The leading cause of death for 1-4 year olds was accidents and adverse affects. The Sequatchie County trend is unstable due to small numbers. After a period of increased rates in the late 80's the rate has declined in recent years and is currently lower than the Southeast Region and the State.
- Leading Cause of Death for 5-14 Year Olds With Mortality Rates Per 100,000 Population** - The leading cause of death for 5-14 year olds again was accidents and adverse affects. The Sequatchie County trend is unstable due to small numbers. After a period of increased rates in the mid 90's the rate has declined in recent years and is currently well below the Southeast Region and the State.

- Leading Cause of Death for 15-24 Year Olds With Mortality Rates Per 100,000 Population -**

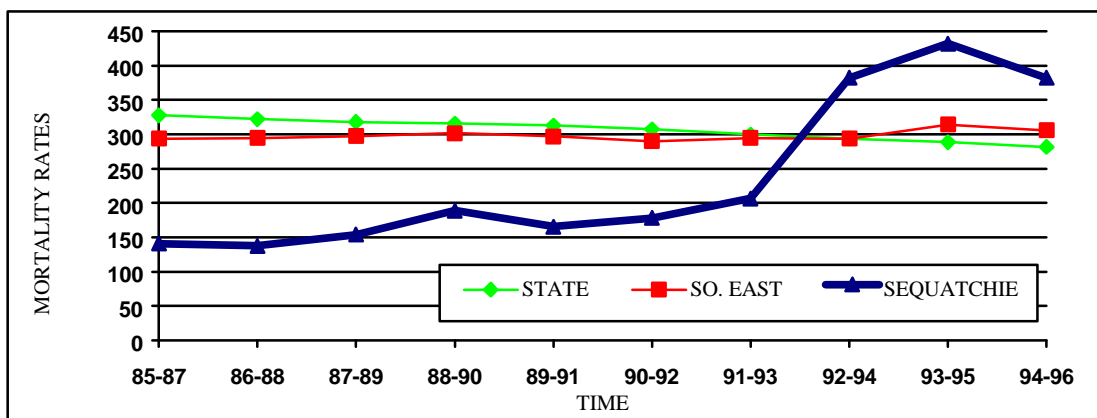
The leading cause of death for 15-24 year olds was accidents and adverse affects, also. While characterized as slightly unstable due to small numbers, the Sequatchie County trend has increased during the twelve-year trend and has recently surpassed the State and the region.

- Leading Cause of Death for 25-44 Year Olds With Mortality Rates Per 100,000 Population -** The leading cause of death for 25-44 year olds was again accidents and adverse affects. The Sequatchie County trend has increased during the twelve-year trend, showing a sharp increase in the mid 1990's and has recently surpassed the State and the Southeast Region.



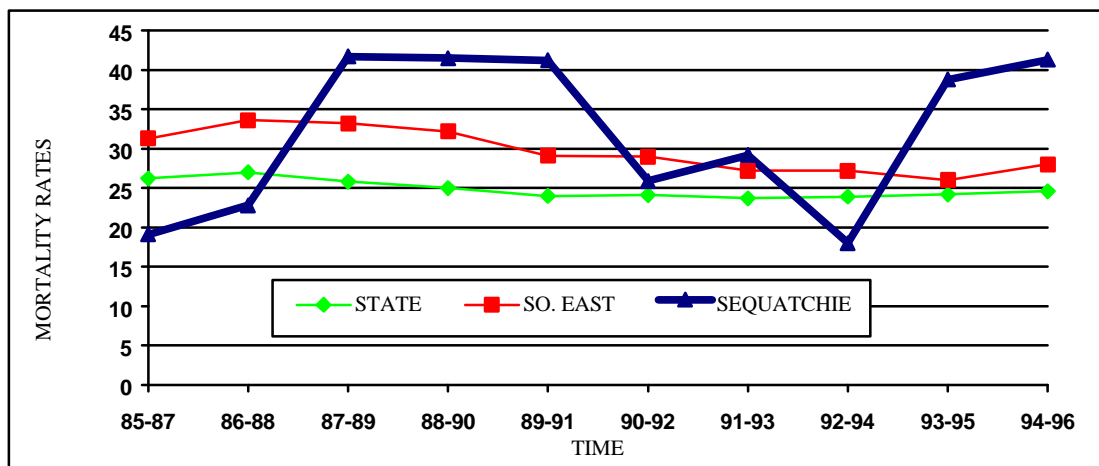
	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96
STATE	44.0	45.6	45.2	44.9	43.0	42.0	41.8	41.9	42.8	67.2
SE REGION	49.8	58.7	62.6	63.1	53.9	51.9	45.1	45.3	41.2	79.5
SEQUATCHIE	49.4	61.3	97.3	96.6	95.8	71.5	59.0	46.7	69.4	138.9

- Leading Cause of Death for 45-64 Year Olds With Mortality Rates Per 100,000 Population -** Malignant Neoplasms or cancer is the leading cause of death for this age group. The council found cancer to be increasing in Sequatchie County and cancer mortality rates to be higher than the State and the region.



	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96
STATE	327.7	322.4	318.0	315.5	312.7	307.4	300.0	294.0	288.8	281.7
SE REGION	294.0	294.9	297.6	301.6	297.2	290.1	294.7	294.0	314.1	305.7
SEQUATCHIE	140.7	137.7	154.1	188.9	165.5	178.1	206.5	382.6	432.2	382.3

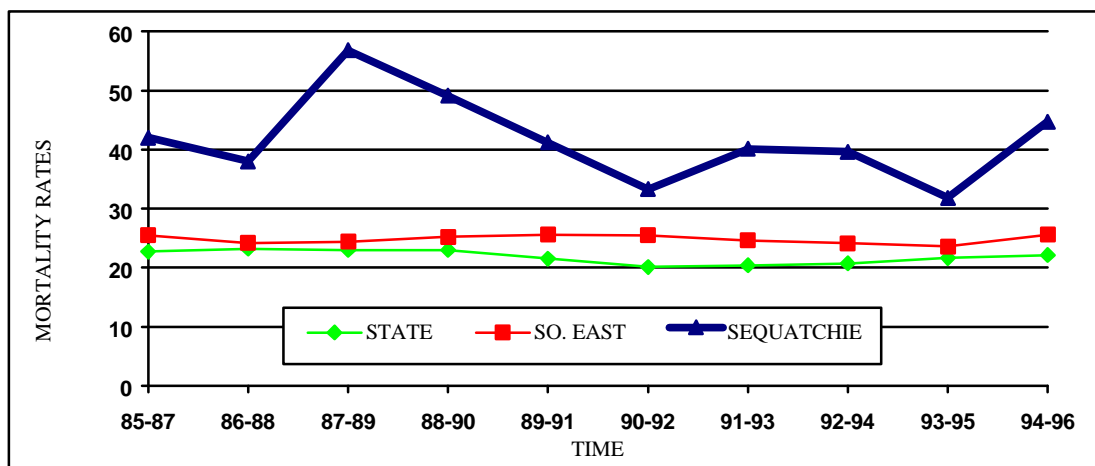
- Leading Cause of Death for 65+ Year Olds With Mortality Rates Per 100,000 Population** - Heart disease was the leading cause of death for this age group and county rates had steadily decreased over the twelve year trend. Sequatchie County's heart disease mortality rates for those 65 and over are currently equal to the state and the region.
- Male Age-Adjusted Mortality Rate Per 100,000 Population** - The Sequatchie County trend has historically been unstable with periods when rates were higher than the State and the Southeast Region and other periods when rates were lower than the State and the Southeast Region. However, in recent years the trend has begun to stabilize and is presently higher than the State and Region.
- Female Age-Adjusted Mortality Rate Per 100,000 Population** - Unlike the State and the region, the Sequatchie County trend has remained fairly unstable over the twelve-year trend. Traditionally county rates have been lower than the state and region. The current rate is equal to the State and slightly lower than the Southeast Region.
- Female Breast Cancer Mortality Rate Per 100,000 Women Ages 40+** - The Sequatchie County trend has historically been inconsistent. Trends soared in the late 80's, dipped in the mid 90's and seem to be stabilizing. Current rates are well below the State and the Southeast Region.
- Motor Vehicle Accidental Mortality Rate Per 100,000 Population** - The Sequatchie County trend has increased 116% over the twelve year time frame. Recent data shows trends to be higher than the State and the Southeast Region.



	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96
STATE	26.2	27.0	25.8	25.0	24.0	24.1	23.7	23.9	24.2	24.6
SE REGION	31.3	33.6	33.2	32.2	29.1	29.0	27.2	27.2	26.0	28.0
SEQUATCHIE	19.1	22.8	41.7	41.5	41.2	25.9	29.2	18.0	38.8	41.3

- Number of Violent Deaths Per 100,000 Population** - The Sequatchie County trend has been highly unstable over the twelve year time frame, but has generally decreased. Current rates remain below the State and the Southeast Region.

- **Nonmotor Vehicle Accidental Mortality Rate Per 100,000 Population** - The Sequatchie County trend is unstable but traditionally higher than both the State and the Southeast Region. The rate for nonmotor vehicle accidental mortality (or deaths considered accidents that do not involve motor vehicles) is currently twice as high as state and regional rates.



	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96
STATE	22.7	23.2	23.0	23.0	21.5	20.1	20.4	20.7	21.6	22.1
SE REGION	25.5	24.2	24.4	25.2	25.6	25.5	24.6	24.1	23.6	25.6
SEQUATCHIE	42.0	38.0	56.8	49.1	41.2	33.3	40.1	39.6	31.8	44.7

### **Sequatchie County Morbidity Experience**

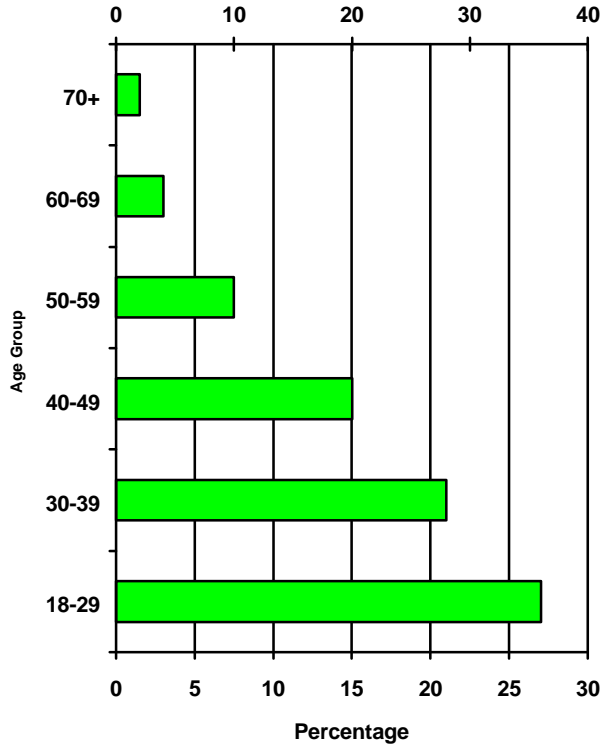
- **Syphilis Rates (Number of Reported Cases Per 100,000 Population)** - Over the twelve-year trend, the Sequatchie County trend has remained stable. The county's rates are lower than the Southeast Region, lower than the State, and lower than the national "Year 2000 Objective" of 10.
- **Chlamydia Rates (Number of Reported Cases Per 100,000 Population)** - Since 1987, Sequatchie County's trend has increased steadily. However from 1987 to 1996, the county's rates were dramatically lower than the State and slightly lower than the Southeast Region. The 1988-1990 three-year average rate was 15.1 and the 1994-1996 three-year average rate was 61.9.
- **Gonorrhea Rates (Number of Reported Cases Per 100,000 Population)** - Traditionally the Sequatchie County trend has remained stable. The county's rates are lower than the State, region and the national "Year 2000 Objective" of 100.
- **Tuberculosis Disease Rates (Number of Reported Cases Per 100,000 Population)** - Sequatchie County's rates have been highly unstable throughout the twelve year time frame. However, current rates are considerably lower than the State and the region, and equal to the national "Year 2000 Objective" of 3.5.
- **Vaccine-Preventable Disease Rates (Number of Reported Cases Per 100,000 Population)** - The Sequatchie County trend has remained remarkably low over the twelve year time frame. The county is currently lower than the State and the Southeast Region.

## V. COMMUNITY ASSESSMENT SURVEY

The Sequatchie County Community Assessment Survey provides a profile of perceived health care needs and problems facing the community and stakeholders who respond to the survey. Stakeholders are those individuals in a community who have a special interest in a particular issue or action being taken, i.e., young families, single parents, the elderly, business leaders, consumers, rural residents and urban residents. Stakeholders may include both the users and providers of health services. The survey includes questions about the adequacy, accessibility, and level or satisfaction of health care services in the community. Members of the SCHC were asked to complete the Community Assessment Survey as well as identify and obtain comments from various stakeholders and other community members. The Community Assessment Survey is not a scientific, random sample of the community; rather, its purpose is to obtain subjective data from a cross-section of the community about health care services, problems, and needs in the county. There were 50 respondents to the Sequatchie County Community Assessment Survey. *Several of the issues recognized as potential problems arose directly from the Community Assessment Survey, those issues are denoted by an asterix.*

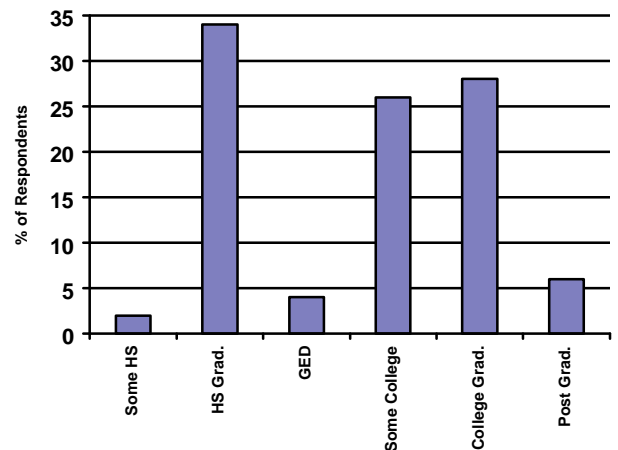
### Community Assessment Demographics

- 39 females (78%) and 11 males (22%) responded to the Community Assessment Survey, of those, 70% were married, 18% divorced, 2% widowed and 10% never married.
- A majority (74%) of respondents have been long-time (10+ years) residents.
- A majority of respondents fell within the 18-39 year old age range.

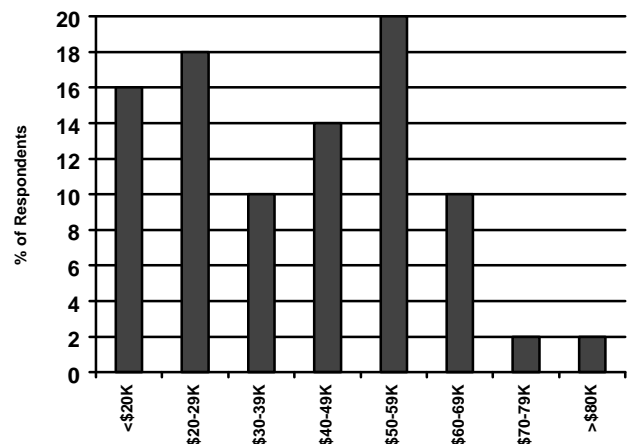


- Of all respondents, 2% were African American, and 98% were White.

- Many of the respondents held college degrees.

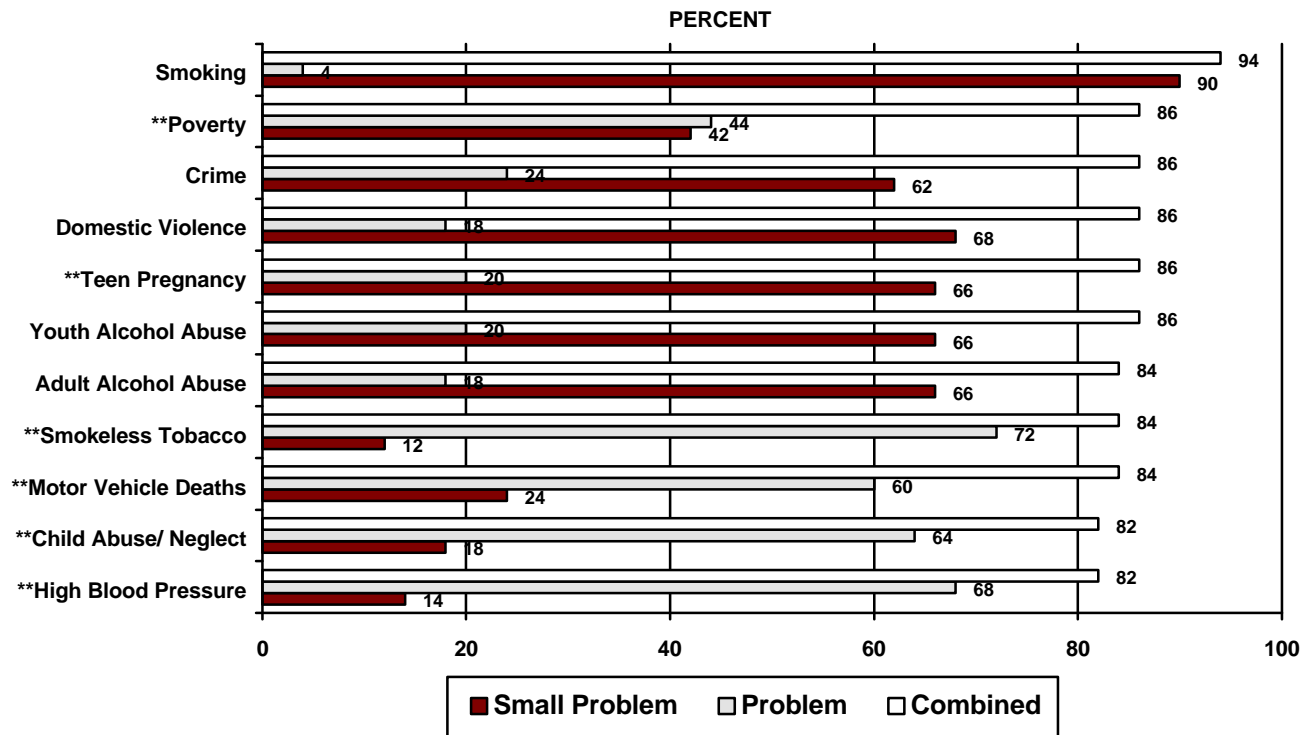


- The question, "WHAT IS YOUR APPROXIMATE HOUSEHOLD INCOME?," yielded the following results:

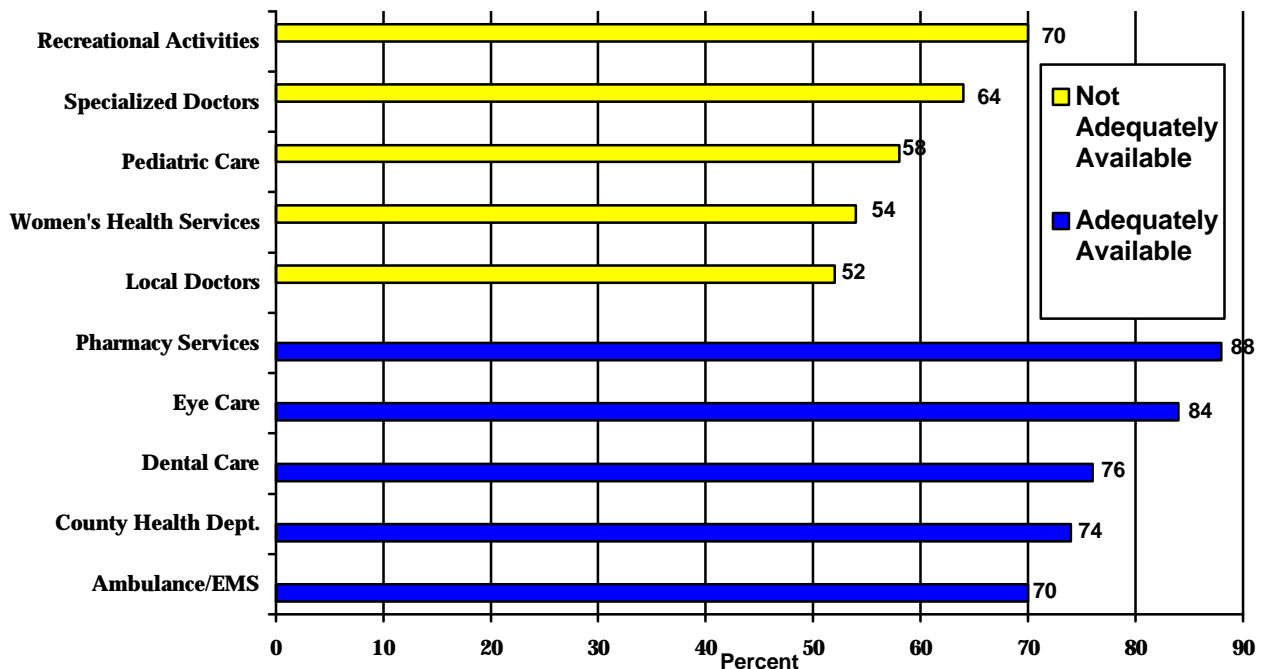


## *Community Assessment Opinions*

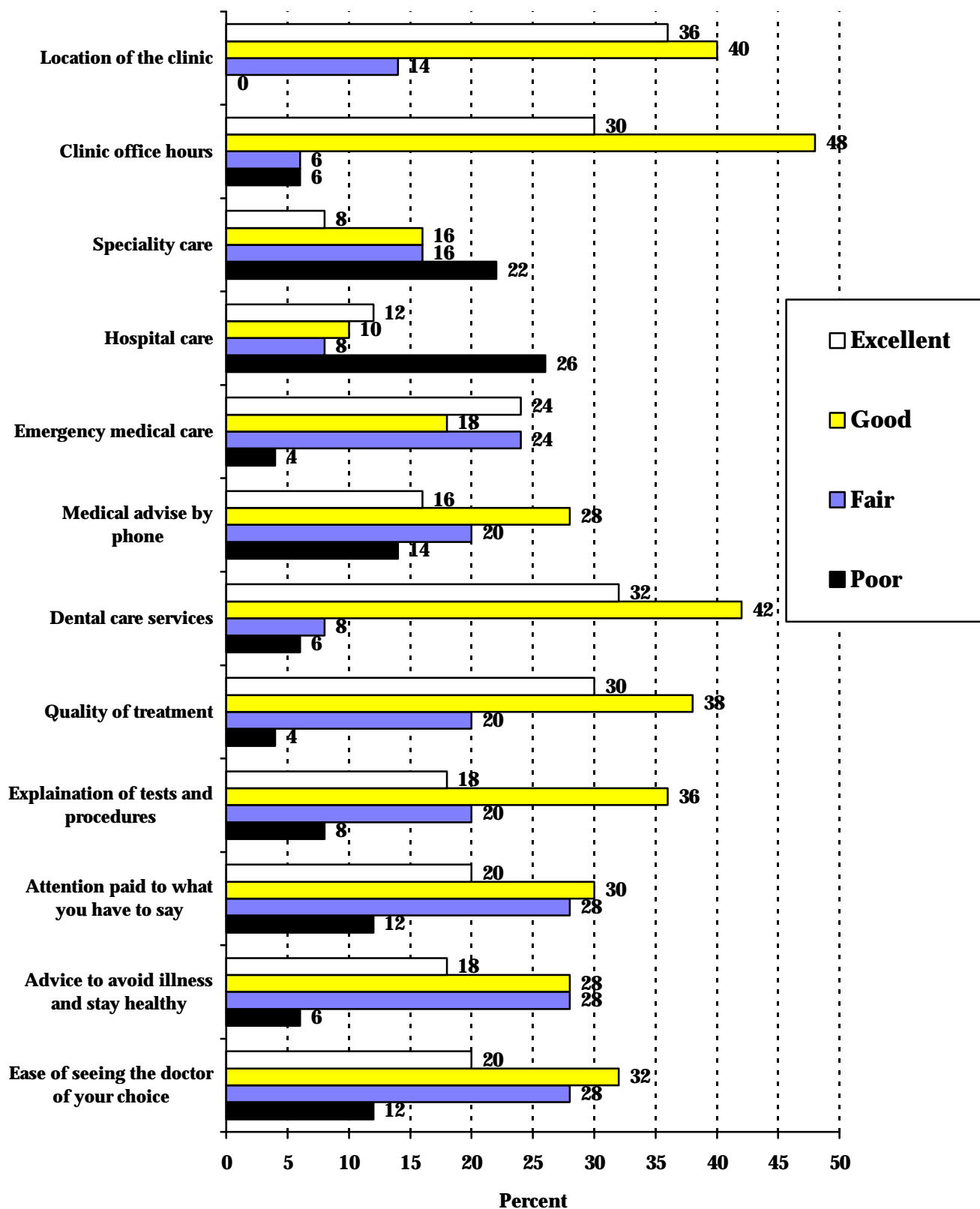
- **\*\*When given a list of health and social concerns, respondents were asked if they considered it a “problem”, a “small problem”, or “not a problem.” Below are the top ten problem issues according to the results.**



- When asked about the availability of different services in their community, respondents rated the following as their top five not adequately available, and top five adequately available services:



- When asked “HOW WOULD YOU RATE THE FOLLOWING ASPECTS OF THE CARE YOU RECEIVED DURING THE PAST YEAR?” the following responses were obtained:

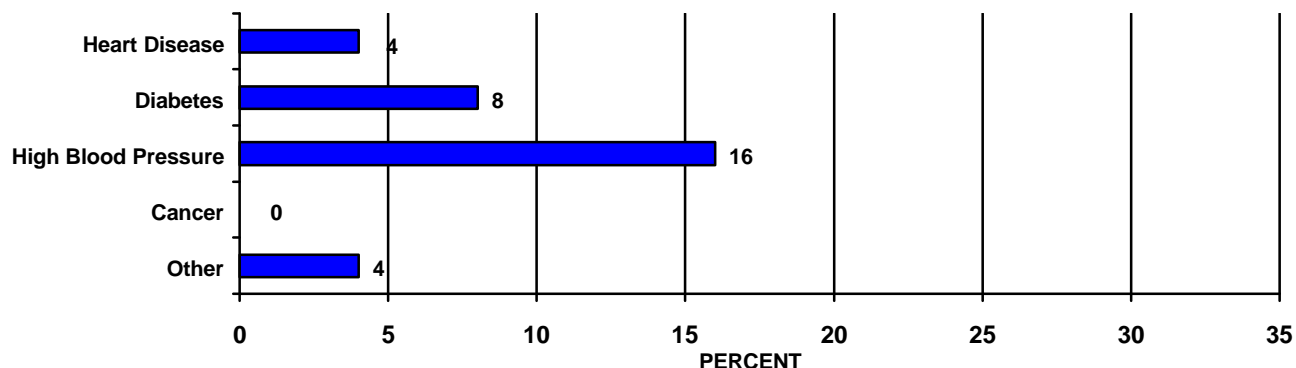




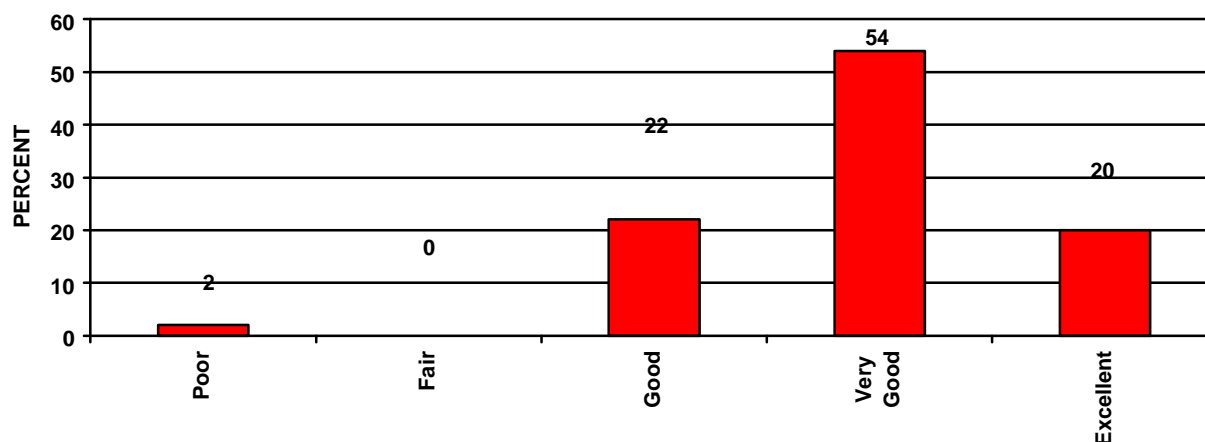
- When asked about health care coverage, 98% of respondents had some form of health care insurance.
- Of those respondents with health care insurance, 16% had TennCare coverage.
- When asked, “DO YOU HAVE A PERSONAL HEALTH CARE PROVIDER?,” a majority of respondents (92%) answered “yes.”
- When asked, “DOES HE/SHE PRACTICE IN THIS COUNTY?,” again, a majority of respondents (56%) answered “no.”
- When asked, “WHICH HOSPITAL DO YOU USE?,” the following results were obtained.

HOSPITAL	Freq.	Percent	Cum.
Erlanger	17	34%	34%
Memorial	11	22%	56%
North Valley	4	8%	64%
South Pittsburg	3	6%	70%
East Ridge	2	4%	74%
Parkridge	1	2%	76%
Cookeville General	1	2%	78%
No Response	11	22%	100%
<b>TOTAL</b>	<b>50</b>	<b>100.0%</b>	<b>100.0%</b>

- When asked, “HAVE YOU BEEN TOLD BY A DOCTOR THAT YOU HAVE HEALTH PROBLEMS RELATED TO ANY OF THE FOLLOWING CONDITIONS,” the following percentage of respondents answered “yes”.



- When asked, “IF YES, HAVE YOU BEEN TREATED FOR ANY OF THESE CONDITIONS?,” 63% of the respondents answered “yes”.
- When presented the following statement, “IN GENERAL, WOULD YOU SAY YOUR HEALTH IS:,” the survey yielded the following results:



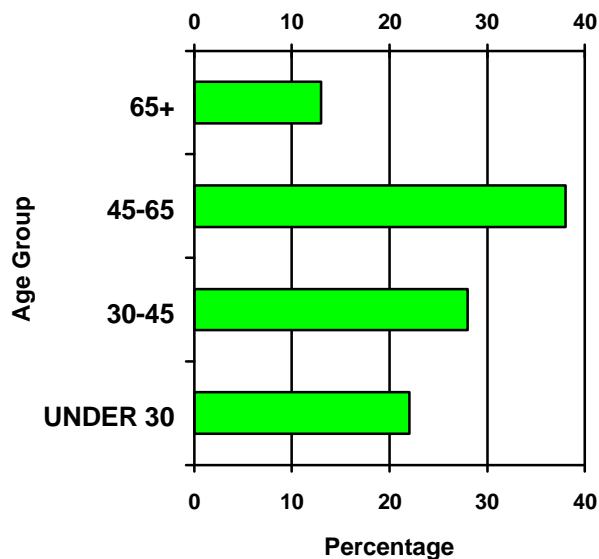
## VI. BEHAVIORAL RISK FACTOR SURVEY

The Sequatchie County Behavioral Risk Factor Survey is a randomly selected, representative sample of the residents of the county. The survey that was used is a telephone interview format, modeled after the Behavioral Risk Factor Survey conducted by the Centers for Disease Control. The survey collects information from adults on health behaviors and preventive practices related to several leading causes of death such as chronic diseases, injury, and HIV infection. The overall statistical reliability of the survey is a confidence level of 90, plus or minus 6%.

Adults were randomly selected using random digit-dialed telephone surveys and were questioned about their personal health practices. In addition, they were asked to rate various community health issues. A Likert scale was utilized, asking respondents to identify issues as a definite problem, somewhat of a problem, not a problem, or not sure. A sample size of approximately 200 was collected from Sequatchie County. *Issues recognized as potential problems are in bold and are denoted by asterisk.*

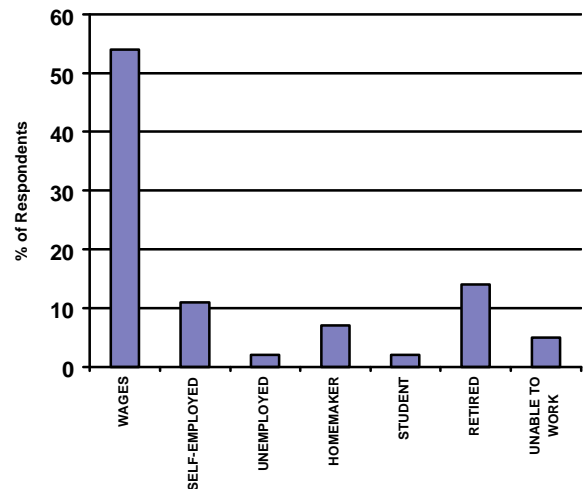
### **Behavioral Risk Factor Demographics**

- Of the 202 respondents, 87 were male, 115 were female, of those 73% were married, 9% divorced, 7% widowed, and 11% never married.
- 200 respondents were white, 1 was African American, and 1 was classified as Other. Four of the respondents claimed a Hispanic origin.
- The largest percentage of respondents fell within the 45-65 year old age group.

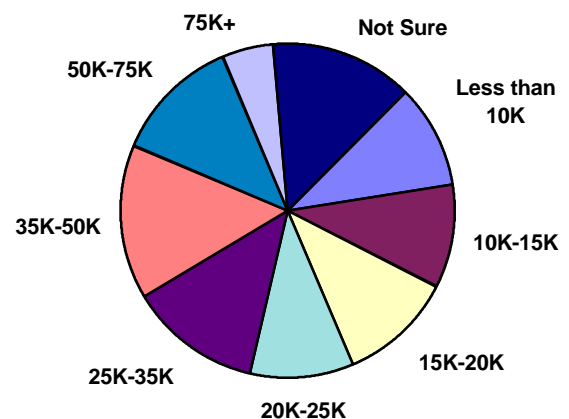


- Approximately 22% of the respondents had less than a high school education, 43% had earned their high school degree, 18% had some college and 18% were college graduates

- A majority of the respondents (54%) earned their living through wages, while 14% were retired

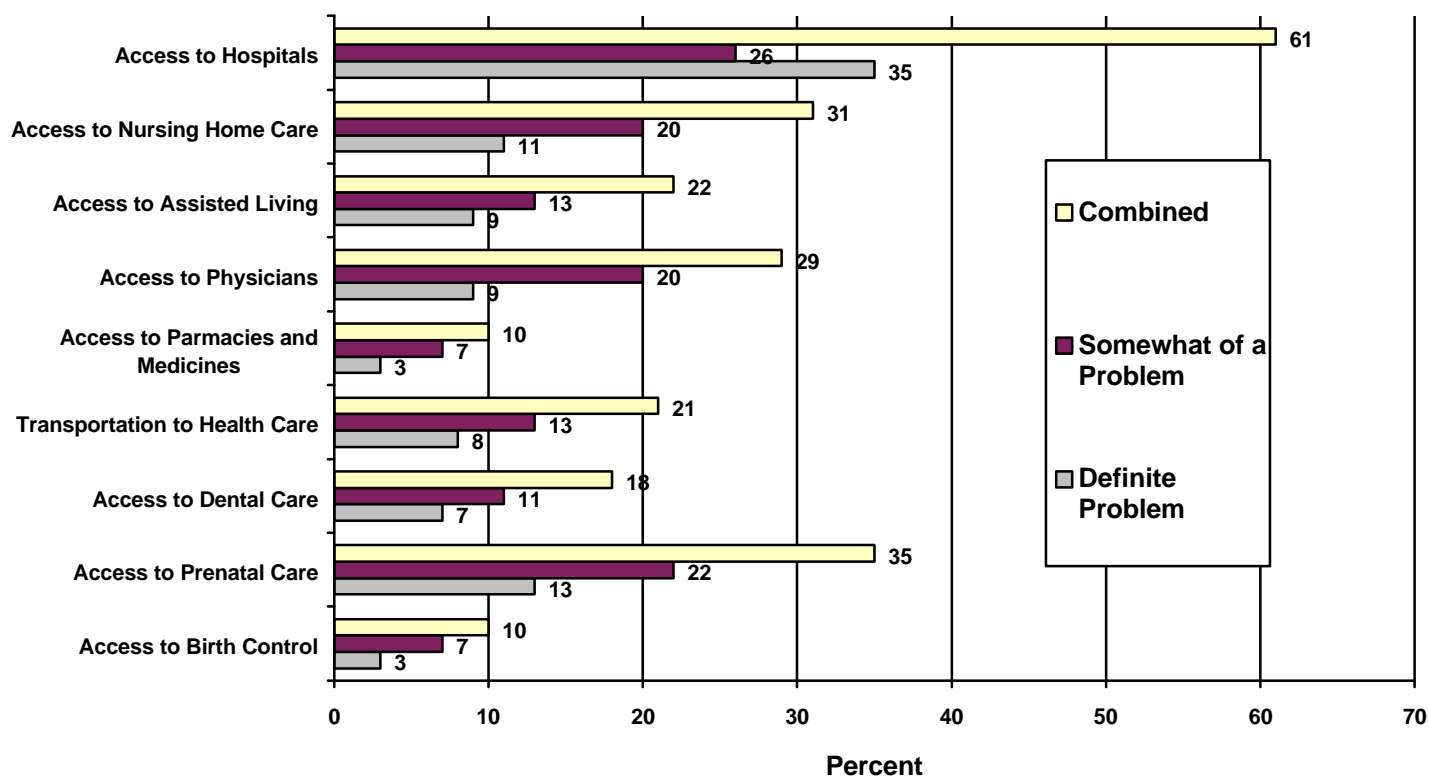


- The household income levels of the respondents were well dispersed with the largest group earning between \$35,000 and \$50,000.

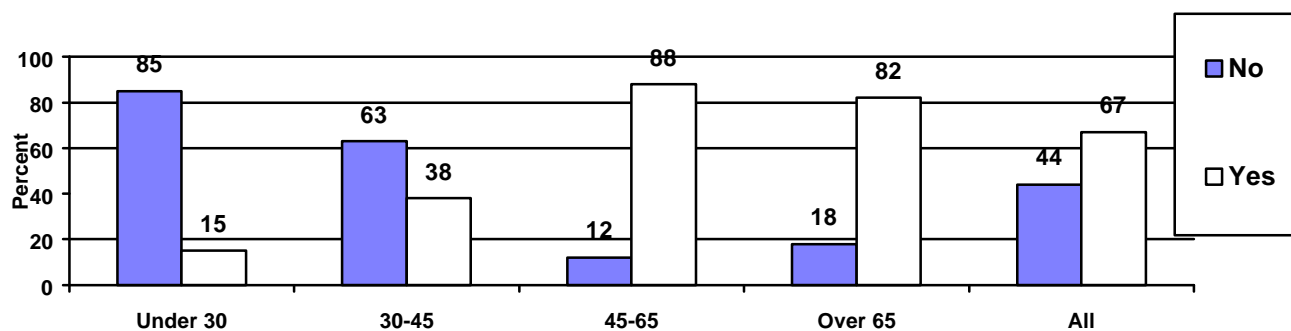


## **Behavioral Risk Factor Results**

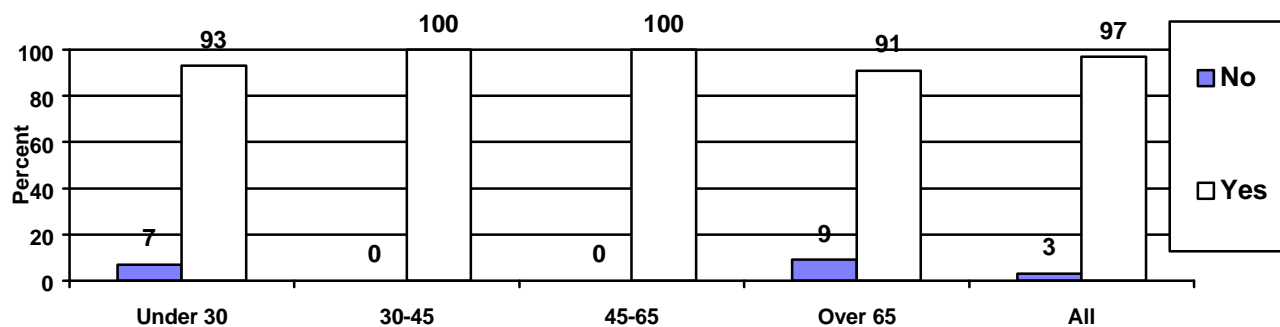
- When asked whether they felt the following were community problems, responses were as follows:



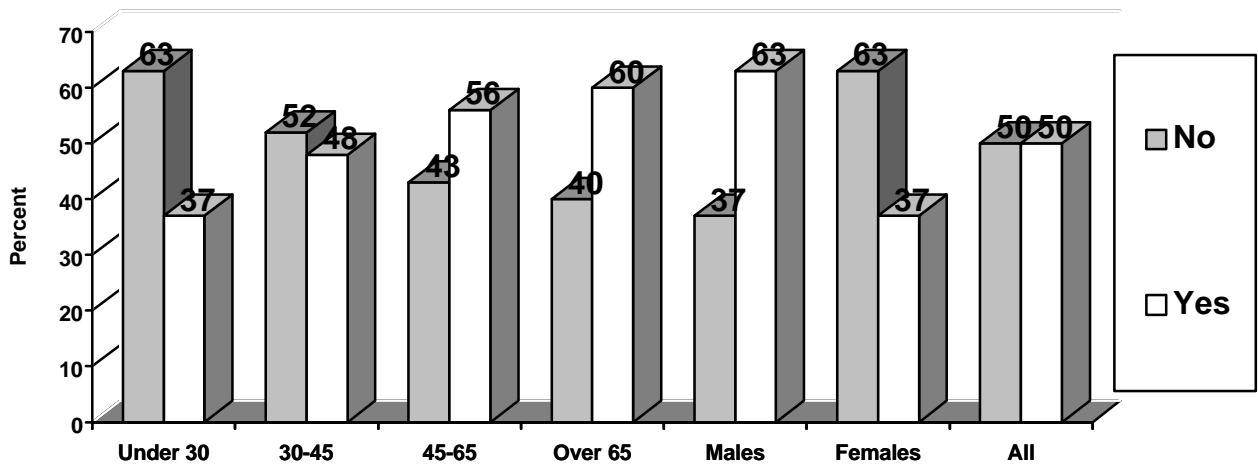
- When asked “HAVE YOU EVER HAD A MAMMOGRAM?,” the following responses were obtained:



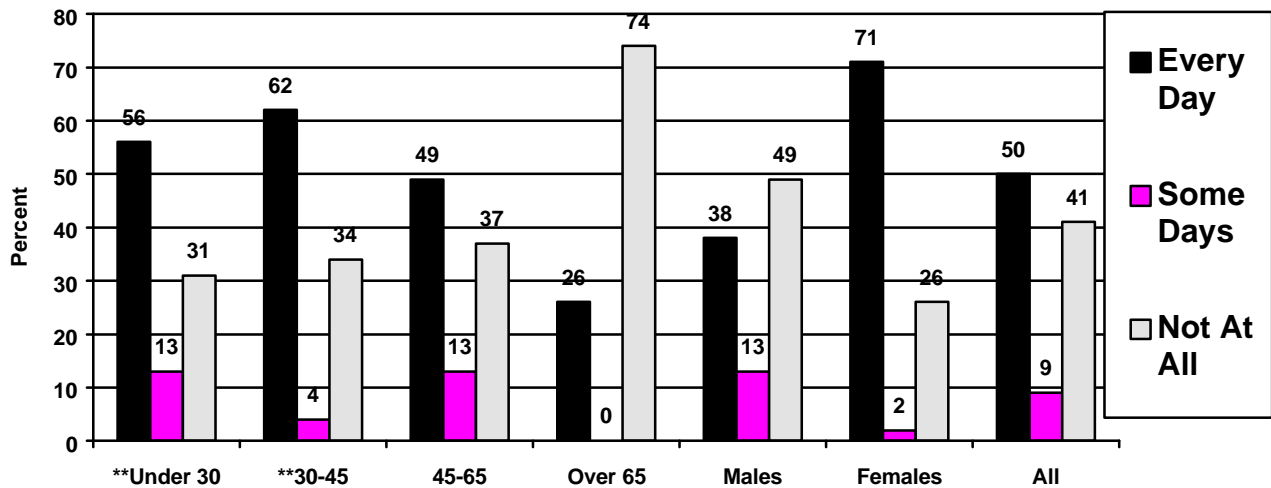
- When asked “HAVE YOU EVER HAD A PAP SMEAR?,” the following responses were obtained:



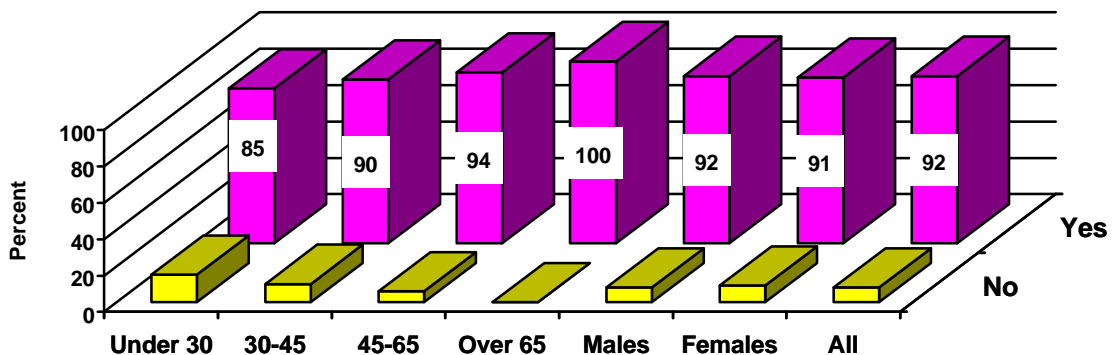
- When asked “HAVE YOU SMOKED AT LEAST 100 CIGARETTES IN YOUR LIFE?,” the following responses were obtained:



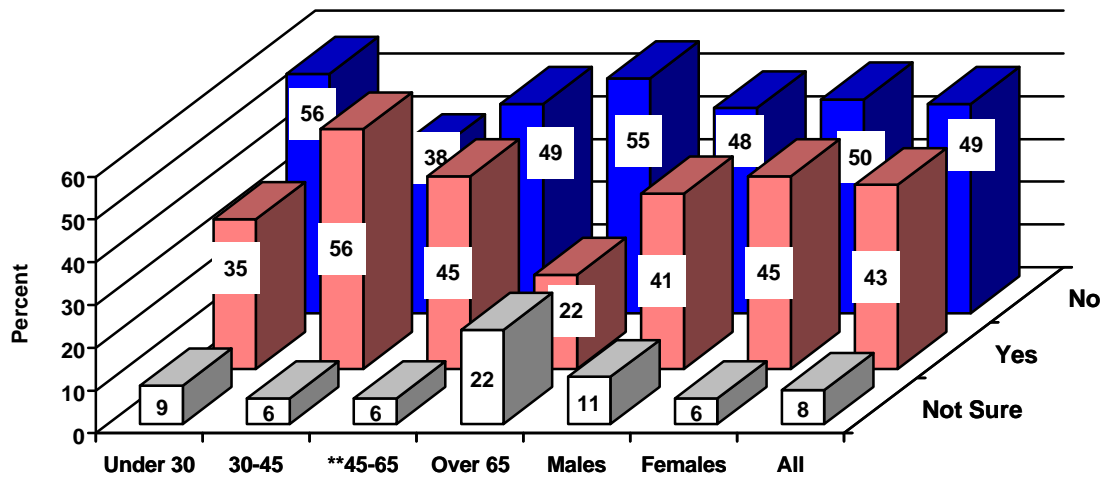
- \*\*Of the 100 respondents who admitted smoking at least 100 cigarettes in their life (above), when asked “HOW OFTEN DO YOU NOW SMOKE CIGARETTES?,” the following responses were obtained:**



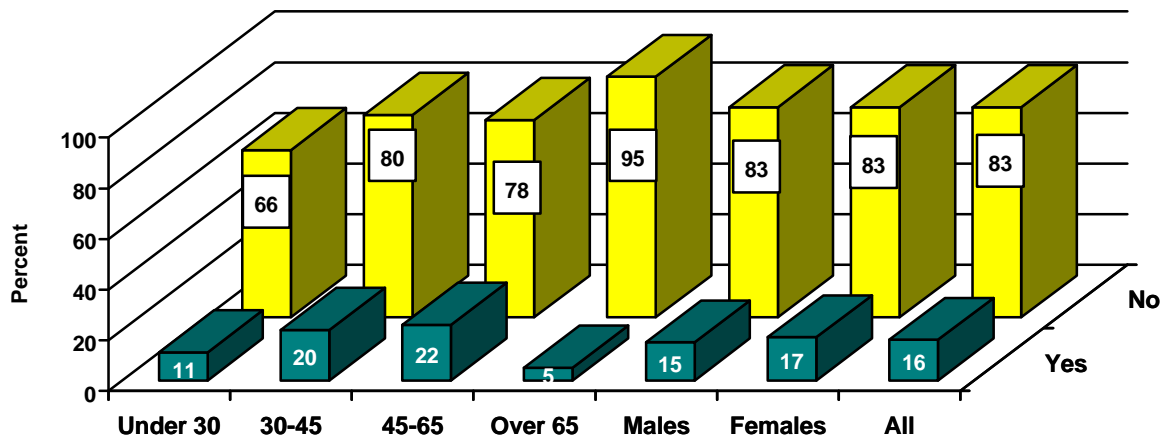
- When asked, “DO YOU HAVE HEALTH CARE COVERAGE?” the following responses were obtained:



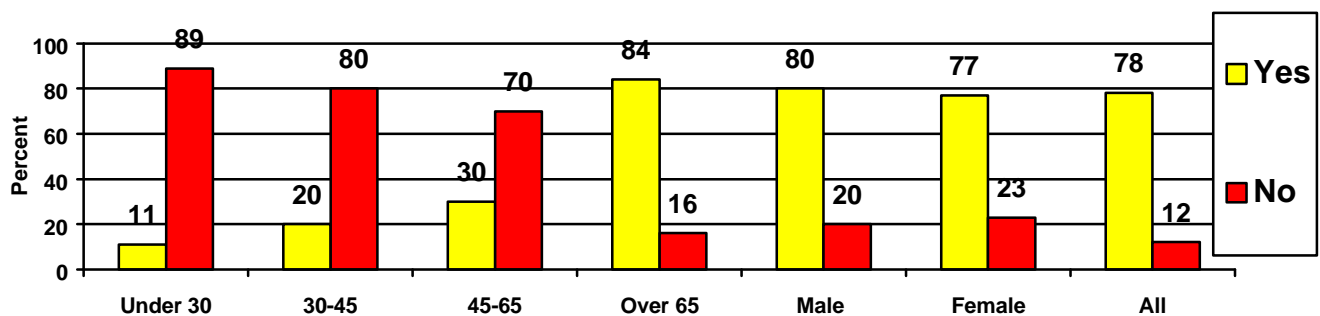
- **\*\*When asked, “DO YOU FEEL YOUR HEALTH CARE COVERAGE LIMITS THE CARE YOU RECEIVE?” the following responses were obtained:**



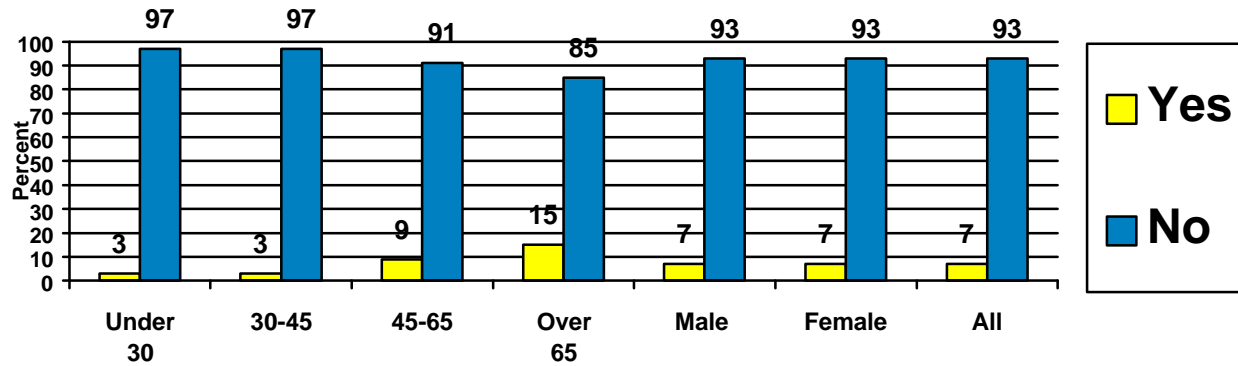
- When asked, “IN THE PAST MONTH HAVE YOU NEEDED TO SEE A DOCTOR BUT COULDN’T DUE TO COST?” the following responses were obtained:



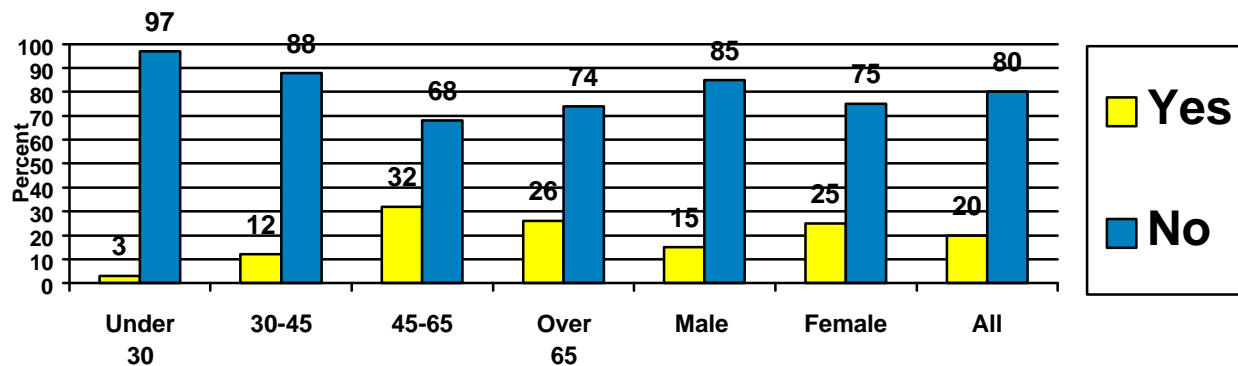
- When asked if they have ever been advised to lose weight, Sequatchie County residents responded:



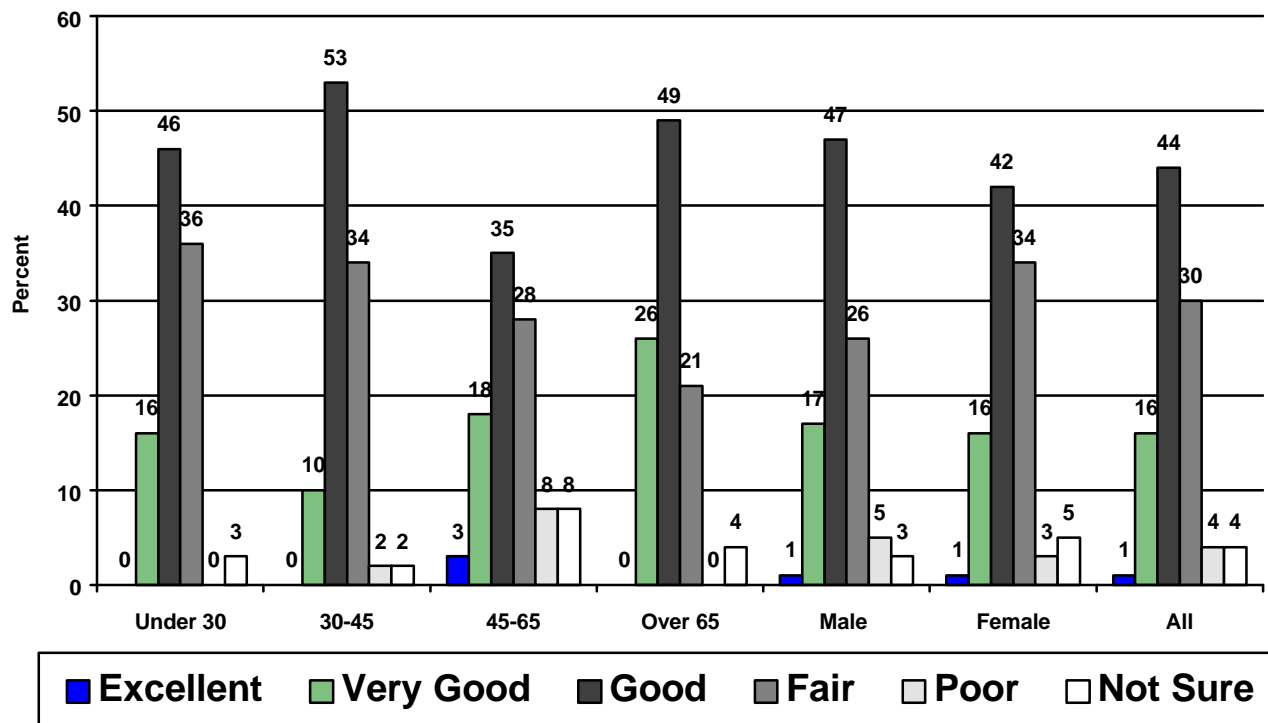
- When asked if they have ever been told they had diabetes, Sequatchie County residents responded:



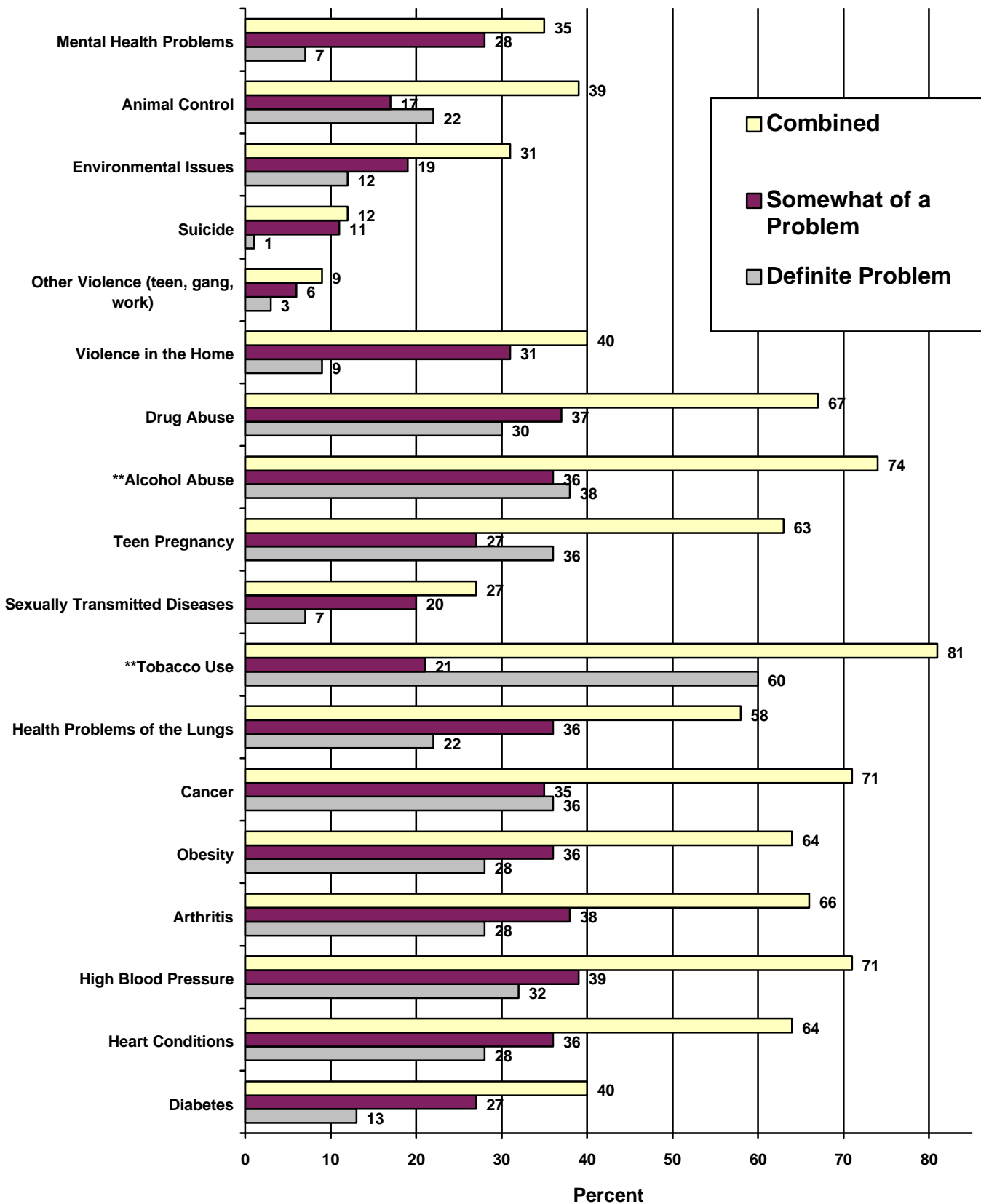
- When asked if they have ever been told they had high blood pressure, Sequatchie County residents responded:



- When asked, "HOW WOULD YOU RATE YOUR OVERALL QUALITY OF HEALTH?" the following responses were obtained:



- **\*\*When asked whether they felt the following were community problems, responses were as follows:**



## VII. IDENTIFICATION AND PRIORITIZATION

Upon completion of the data review, the SCHC carefully considered the problems that had been highlighted throughout the process which included the following:

### **Mortality Data**

- Number of Births Per 1,000 Females Age 15-17 **PAGE-6**
- Percent of Births Considered Low Birthweight **PAGE-7**
- Number of Postneonatal Deaths Per 1,000 Live Births **PAGE-8**
- Leading Cause of Death for 25-44 Year Olds With Mortality Rates Per One Hundred Thousand Population (Accidents and Adverse Effects) **PAGE-9**
- Leading Cause of Death for 45-64 Year Olds With Mortality Rates Per One Hundred Thousand Population (Cancer) **PAGE-9**
- Motor Vehicle Accidental Mortality Rate Per One Hundred Thousand Population **PAGE-10**
- Nonmotor Vehicle Accidental Mortality Rate Per One Hundred Thousand Population **PAGE-11**

### **Community Assessment Survey Data**

- Health and Social Concerns (Poverty) **PAGE-13**
- Health and Social Concerns (Teen Pregnancy) **PAGE-13**
- Health and Social Concerns (Smokeless Tobacco) **PAGE-13**
- Health and Social Concerns (Motor Vehicle Deaths) **PAGE-13**
- Health and Social Concerns (Child Abuse/Neglect) **PAGE-13**
- Health and Social Concerns (High Blood Pressure) **PAGE-13**

### **Behavioral Risk Factor Survey Data**

- How Often Do You Now Smoke Cigarettes (Under 30 and 30-45) **PAGE-18**
- Does Your Health Care Coverage Limit the Care You Receive? (45-65) **PAGE-19**
- When Asked Whether They Felt the Following Were Community Problems (Tobacco Use) **PAGE-21**
- When Asked Whether They Felt the Following Were Community Problems (Alcohol Abuse) **PAGE-21**



In order to make the list of issues more manageable the council combined related issues and eliminated some issues that effected only a small number of residents. The SCHC then prioritized the remaining recognized health problems. Using the following worksheet, each individual council member ranked each issue according to the size, seriousness, and effectiveness of available interventions.

### SEQUATCHIE COUNTY HEALTH PROBLEM PRIORITY WORKSHEET

Health Problem	A Size	B Seriousness	C Effectiveness of Intervention	D Priority Score (A+B+C=D)	**Final Rank
1. Percent of Births Considered Low Birthweight					
2. Number of Postneonatal Deaths Per 1,000 Live Births					
3. Motor and Nonmotor Vehicle Accidental Mortality Rates					
4. Leading Cause of Death for 45-64 (Cancer)					
5. Tobacco Use					
6. Alcohol Abuse					
7. Health Care Coverage Limits Care Received					
8. Poverty					
9. Teen Pregnancy					
10. High Blood Pressure					
11. Child Abuse and Neglect					

\*\*The Final Rank will be determined by assessing the Priority Score column. The lowest total will be ranked #1 and the highest total will be ranked #11.

A sum total of all council members' scores determined the final order of priority to be as follows:

### **TOTALS**

	<i>SCORE</i>	<i>RANK</i>
Teen Pregnancy	<b>43</b>	<b>1</b>
Motor and Nonmotor Vehicle Accidental Mortality Rates	<b>47</b>	<b>2</b>
Child Abuse and Neglect	<b>51</b>	<b>3</b>
High Blood Pressure	<b>52</b>	<b>4</b>
Tobacco Use	<b>52</b>	<b>5</b>
Health Care Coverage Limits Care Received	<b>53</b>	<b>6</b>
Leading Cause of Death 45-64 Year Olds (Cancer)	<b>55</b>	<b>7</b>
Alcohol Abuse	<b>56</b>	<b>8</b>
Poverty	<b>66</b>	<b>9</b>
Percent of Births Considered Low Birthweight	<b>73</b>	<b>10</b>
Number Of Postneonatal Deaths Per 1,000 Live Births	<b>98</b>	<b>11</b>

After all 11 recognized health problems had been prioritized, the council was left to decide how many issues they felt they could effectively address in full consideration of the following:

- Does it make economic sense to address the problem?
- Are there economic consequences if an intervention is not carried out?
- Will the community embrace an intervention for the problem? Is it wanted?
- Is funding currently available or potentially available for an intervention?
- Do current laws allow intervention activities to be implemented?

## VIII. FINAL PRIORITIZED ISSUES

After reviewing the scores the council was asked how many issues they would like to take on. The SCHC choose the following issues for strategic planning purposes:

1. Teen Pregnancy
2. Motor and Nonmotor Vehicle Accidental Mortality
3. Child Abuse and Neglect
4. High Blood Pressure
5. Tobacco Use

## IX. CLOSING

This Community Diagnosis Health Status Report has provided a description of the assessment portion of the Community Diagnosis Process. The strategic planning portion will entail the formalizing of strategic interventions to deal with the aforementioned priorities. Soliciting input from additional residents and experts in the community, the SCHC will develop intervention strategies. Strategic planning will require consideration of the entire sequence of interacting factors that contribute to the problem, identifying contributing health links, identifying both public and private resources to address the problem and identifying barriers to reducing the problem. Upon completion of the strategic planning process, the SCHC will publish Volume II: The Community Diagnosis Strategic Planning Document, detailing all goals, objectives and specific interventions. The final edition, Volume III: The Community Diagnosis Evaluation Document will monitor the implementation and evaluate each intervention.

***The Tennessee Department of Health Southeast Regional Assessment and Planning staff would like to thank the Sequatchie County Health Council for their continued support and dedication throughout the Community Diagnosis Process. Their tireless efforts have and will continue to positively affect the health of Sequatchie County.***

If you would like more information about the health council or would like to join the council in their efforts to positively effect the above issues, please call (423) 634-3124 and ask to speak with someone with Assessment and Planning.

This report is also available on the world wide web thanks to a joint effort of the Tennessee Department of Health and the University of Tennessee at [server.to/hit](http://server.to/hit) under the reports heading.